



Atty. Dkt. No. 029488-0113

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Philippe ROUANET et al.  
Title: PREVENTION AND TREATMENT OF  
BREAST CANCER WITH 4-HYDROXY  
TAMOXIFEN  
Appl. No.: 10/734,638  
Filing Date: 12/15/2003  
Examiner: Abigail Manda Cotton  
Art Unit: 1617  
Confirmation Number: 9056

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	20	-	38	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims: +									\$360.00 = \$0.00
CLAIMS FEE TOTAL									\$0.00
01 FC:1253									1020.00 0P

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$120.00	\$0.00
[ ] Extension for response filed within the second month:	\$450.00	\$0.00
[ X ] Extension for response filed within the third month:	\$1,020.00	\$1,020.00
[ ] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
[ X ] Information Disclosure Statement	\$180.00	\$180.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1200.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1200.00

A credit card payment form in the amount of \$1200.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 11, 2007

By Courtenay C Brinckerhoff

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